



# WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

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## **APPLICATION FOR PERMIT TO OPERATE A MOBILE HOME PARK**

NAME OF MOBILE HOME PARK \_\_\_\_\_

OWNER OR AGENT \_\_\_\_\_

PHONE #: MOBILE HOME PARK \_\_\_\_\_ OWNER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

OWNER/AGENT MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

EXACT LOCATION OF PARK \_\_\_\_\_

\_\_\_\_\_

NUMBER OF MOBILE HOME SPACES \_\_\_\_\_ SIZE OF PARK \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant ( \_\_ Owner \_\_ Agent)

\_\_\_\_\_  
Date of Application

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### **OFFICE USE ONLY**

Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_

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ENVIRONMENTAL HEALTH  
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